

**Report of Epinephrine Administration**  
**Indiana Department of Education**

**Please Print this 2 Page Form, Complete, and E-mail or Fax this Form to:**

*Jolene Bracale at [jbracale@doe.in.gov](mailto:jbracale@doe.in.gov) or Fax 317.232.9121*

1. School District: \_\_\_\_\_ Name of School: \_\_\_\_\_

2. Age: \_\_\_\_\_ Type of Person: Student ☐ Staff ☐ Visitor ☐ Gender: M ☐ F ☐

3. History of allergy: Yes ☐ No ☐ Unknown ☐ If known, specify type of allergy: \_\_\_\_\_

4. If yes, was allergy action plan available? Yes ☐ No ☐ Don't Know ☐ Previous epinephrine use: Yes ☐ No ☐ Don't Know ☐

5. Date/Time of occurrence: \_\_\_\_\_ Vital signs: BP \_\_\_\_\_ / \_\_\_\_\_ Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_

6. If known, specify trigger that precipitated this allergic episode:

Food ☐ Insect Sting ☐ Exercise ☐ Medication ☐ Latex ☐ Other ☐ \_\_\_\_\_ Unknown ☐

If food was a trigger, please specify which food \_\_\_\_\_

Please check: Ingested ☐ Touched ☐ Inhaled ☐ Other ☐ specify \_\_\_\_\_

7. Did reaction begin prior to school? Yes ☐ No ☐ Don't Know ☐

8. Location where symptoms developed:

Classroom ☐ Cafeteria ☐ Health Office ☐ Playground ☐ Bus ☐ Other ☐ specify \_\_\_\_\_

9. How did exposure occur?

10. Symptoms: (Check all that apply)

**Respiratory**

- ☐ Cough
- ☐ Difficulty breathing
- ☐ Hoarse voice
- ☐ Nasal congestion/rhinorrhea
- ☐ Swollen (throat, tongue)
- ☐ Shortness of Breath
- ☐ Stridor
- ☐ Tightness (chest, throat)
- ☐ Wheezing

**GI**

- ☐ Abdominal discomfort
- ☐ Diarrhea
- ☐ Difficulty swallowing
- ☐ Oral Pruritis
- ☐ Nausea
- ☐ Vomiting

**Skin**

- ☐ Angioedema
- ☐ Flushing
- ☐ General pruritis
- ☐ General rash
- ☐ Hives
- ☐ Lip swelling
- ☐ Localized rash
- ☐ Pale

**Cardiac/Vascular**

- ☐ Chest discomfort
- ☐ Cyanosis
- ☐ Dizziness
- ☐ Faint/Weak pulse
- ☐ Headache
- ☐ Hypotension
- ☐ Tachycardia

**Other**

- ☐ Diaphoresis
- ☐ Irritability
- ☐ Loss of consciousness
- ☐ Metallic taste
- ☐ Red eyes
- ☐ Sneezing
- ☐ Uterine cramping

11. Location where epinephrine administered: Health Office ☐ Other ☐ specify \_\_\_\_\_

12. Location of epinephrine storage: Health Office ☐ Other ☐ specify \_\_\_\_\_

13. Epinephrine administered by: RN ☐ Self ☐ Other ☐ specify \_\_\_\_\_

14. The epinephrine was: the student's own epinephrine provided by the parent ☐ stock epinephrine provided by the school ☐

15. Time elapsed between communication of symptoms and administration of epinephrine: \_\_\_\_\_ minutes

16. Individual Health Care Plan (IHCP) in place? Yes ☐ No ☐ Don't know ☐

17. Was a second dose of epinephrine required? Yes ☐ No ☐ Don't know ☐

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18. Transferred to ER: Yes ☐ No ☐ Don't know ☐

19. Staff/student/visitor outcome: \_\_\_\_\_

20. Other Comments:

\_\_\_\_\_

\_\_\_\_\_

21. Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
*(please print)*

Title: \_\_\_\_\_ RN ☐ LPN ☐ MA ☐ Other – specify: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_ Email : \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_